

April 10, 2013

Learn More...

[The Need for Caring in North and Central Brooklyn -- New Report on Health Needs, Gaps and Barriers to Care in North and Central Brooklyn](#)[1]

[Governor Cuomo Announces \\$72.9 Million in Grants for 10 NYC Hospitals and Nursing Homes](#) [2]

[Brooklyn District Profiles and Map](#) [3]

[Brooklyn Community Board Organizations \(CBOs\)](#) [4]

[Medicaid Redesign Team: Health Systems Redesign: Brooklyn Work Group Report](#) [5]

[Statement from Richard B. Becker, MD, President and CEO, The Brooklyn Hospital Center](#) [6]

[Creating a Vision for Brooklyn's Health Care System: A Report of the Brooklyn Healthcare Working Group](#) [7]

[GNYHA ML-136: Brooklyn MRT Report Released](#) [8]

[The MRT 2012-13 Executive Budget Briefing](#) [9]

 **banner**

New Report on Health Needs, Gaps and Barriers to Care in North and Central Brooklyn

Brooklyn, NY (April 10, 2013) In conjunction with the proposed redesign of Brooklyn's Health Care System the Community Health Planning Workgroup (CPHW), a consortium of community stakeholders, healthcare providers and community health planners, today released *The Need for Caring in North and Central Brooklyn, A Community Health Needs Assessment*, sponsored by The Brooklyn Hospital Center, the I M Foundation, and the New York State Department of Health. The Community Health Needs Assessment, conducted by the Brooklyn Perinatal Network, the Commission on the Public's Health System, and New York Lawyers for the Public Interest, sheds additional light on North and Central Brooklyn residents' perception of the needs, gaps and barriers to care in their communities.

In order to improve delivery of healthcare in Brooklyn, we needed to look at what exists and where it falls short, especially with regard to primary and specialty care access for low-income patients with common but significant illnesses, says Dr. Richard Becker, President and CEO of The Brooklyn Hospital Center. This study provides important insight into how we can better focus our resources to help Brooklyn residents who continue to have difficulty receiving basic primary care.

The experience of this project partnership that resulted in this CHNA Report *The Need for Caring in North and Central Brooklyn* has been in every way unique, refreshing and ground breaking. It indicates that a paradigm shift is occurring in the way information is secured to inform our healthcare system delivery planning," said principal investigator Ngozi Moses, Executive Director of the Brooklyn Perinatal Network.

The report covers 15 zip codes, including Bedford Stuyvesant, Bushwick, Brownsville, Crown Heights, Cypress Hills, East Flatbush, East New York, Flatbush, Fort Greene, Prospect Heights, Williamsburg, Downtown Brooklyn, Gowanus and Greenpoint, and addresses key findings, focus group results, and recommendations.

Field surveys and focus groups were used to capture the voices of the community. Community residents completed over 600 surveys, and 79 residents participated in nine focus groups targeting groups underrepresented in the survey sample, including teens; individuals with disabilities; Spanish speakers receiving mental health services; immigrants; men aged 18-35 and 45-55; senior citizens; pregnant women; and LGBTQ individuals.

Following the completion of the Community Health Needs Assessment, listening sessions were held to solicit community input and feedback concerning the findings.

Among the key findings:

The report found the most common illnesses/health conditions among residents surveyed were high blood pressure/hypertension (24.8%), followed by asthma (19.9%); diabetes (15.7%); and hearing or vision problems (15.2%).

85% of respondents said that it would be most convenient to receive care in their neighborhood; almost 20% of the sample (18.7%) received none of their care in their community.

50% of residents surveyed said they or members of their household had visited an emergency room in the past two years.

When asked which healthcare services households had difficulty accessing in their neighborhood, 100% of respondents said a dentist.

Half of respondents had a limited ability to secure health care services. When asked why, 48% said barriers to health care included quality of care, culture and language differences, hours of service and attitudes of providers; 19.8% said insurance issues or lack of insurance; 23.1% said long waits for or at appointments; and 9.1% said cost of care.

We are really pleased to have had the opportunity to ensure that the community's voice is a driving factor in how healthcare is delivered and look forward to the healthcare planning developments that come from the CHNA process. We are hopeful that our process will serve as a model way to meet the needs of communities being served," said Shena Elrington of New York Lawyers for the Public Interest who served as co-lead partner in the development of the report.

The report concluded with approximately 15 critical recommendations to improve healthcare in Brooklyn. These included addressing accessibility; improving screening, outreach, cultural and linguistic competency, patient-centered care, and customer service training; providing extended hours for primary care; increasing awareness and access to low-cost health services/insurance; providing financial support of efforts by grassroots community-based organizations (CBOs) to promote community resources; coordinating a network of health care and social service providers; engaging community residents; targeting services to focus on particular illnesses and communities; increasing access to specific health care services; working with Access-A-Ride to address transportation issues; increasing the number of providers who accept public health insurance; and increasing availability and access to mental health services.

To see a copy of *The Need for Caring in North and Central Brooklyn*, visit: <http://www.tbh.org/building-better-healthcare-delivery-system-brooklyn-communities> [1].

Report sponsored by The Brooklyn Hospital Center, I M Foundation and New York State Department of Health

February 8, 2013

The Brooklyn Hospital Center Testimony NYS Assembly Committee On Health

Members of the New York State Assembly Committee on Health,

My name is Dr. Richard Becker, President and CEO of The Brooklyn Hospital Center. I would like to thank you for the opportunity to provide testimony on how to improve the current state of health care in Brooklyn.

As existing information and research clearly show, Brooklyn residents have a healthcare system that is filled with inadequacies despite the efforts of many good people and organizations to deliver high quality care. This is complicated further by the generally lower state of health of many Brooklyn residents, especially in the eastern and central areas of Brooklyn. Patient Quality Indicators (PQI) that standardize metrics for severity of illness show that for most common conditions such as asthma, diabetes, heart disease and pneumonia, patients in Brooklyn require hospitalization at a rate that is almost twice as high as in many areas of New York City and even more frequently relative to national rates. There are many patients who cannot navigate the challenges of accessing primary, secondary or tertiary healthcare. Instead, they wait until their conditions require more urgent attention, seeking care in emergency rooms for illnesses that become more advanced?all of this leads to significantly worse outcomes with often profound health, social and economic impact.

The design and distribution of our healthcare delivery system has not kept up with the needs of our patients, many of whom tend to be more ill and less mobile than others. Aging and outdated physical plants and infrastructure, inadequate access to primary and specialty care professionals and services, poor coordination and inefficiency of care between providers in a financial context of expenses that outpace revenues have yielded exactly what one would expect?healthcare that, in its current configuration, cannot meet the objectives of the triple aim?better quality healthcare for individuals, improved health of populations, and higher efficiency of care delivery. Allow me, then, to put forth some ideas that could change this for the better:

1. Focus on developing a system of healthcare in Brooklyn that prioritizes the goals of the triple aim as stated above. Such a system would develop services based upon healthcare needs of residents and regions rather than economic needs of communities. A consolidated and well?coordinated healthcare system in Brooklyn that utilizes scarce health care dollars intelligently and efficiently will improve the health and the economics of our communities.
2. There are many areas of our healthcare delivery system that require immediate investment, but there are few dollars to invest. Public dollars are increasingly scarce and private lenders, since the financial crisis of 2008, see the safety net as a very high risk investment. The net effect is enormous limitation on access to much needed capital. Help us design a model system for urban healthcare delivery, and then ensure that the investment for its creation and maintenance is made available from public or private resources.
3. We are all aware of the significant health disparities that exist between residents in Brooklyn vs. residents in other more economically secure areas. But these disparities are also accompanied by inequities in reimbursement that hurts organizations delivering health care in low income, high need geographies. Delivery of good care to people in need should be reimbursed equitably. Use your positions to improve reimbursement for safety net providers.
4. Too often in Brooklyn?s history have the needs of an individual hospital been addressed in a vacuum without real attention to how precious resources might best be applied to create a healthcare system that is responsive to the communities health needs. With numerous hospitals and providers now on the brink of failure and others headed in that direction, the result is a fragmented and fractured system that lacks significantly in coordination of care, consistent levels of quality and financial sustainability. Make sure that funds are spent to develop a healthcare system rather than to buy a little more time for individual providers. Assist hospitals and providers, through influence and incentives, to abandon the ?stand alone? model.

5. Numerous studies show too few primary care physicians and specialists in Brooklyn's high need, low income areas. Despite training more physicians in Brooklyn than almost anywhere in New York, our collective ability to recruit and retain physicians and nurses is limited because of compensation and work environment issues. Many of these providers would eagerly stay if the practice opportunities were more competitive with what is available in other nearby areas. Create incentives for physicians, nurses and mid-level providers to work in underserved areas.

6. Brooklyn's behavioral health patient population is both medically and socially complex. Every hospital is challenged to care for these often fragile and chronic patients, yet the infrastructure does not yet exist to consistently deliver to them the best possible care. In addition, the cost of caring for these patients is burdensome and often exceeds the reimbursement available. Help us create a system that delivers better care for behavioral health patients in a manner that is not a financial drain for any provider.

7. Brooklyn Hospital, with help from Senators John Sampson and Vilmanette Montgomery, has built a coalition of community based organizations, FQHC's, social and support service agencies, elected officials and providers (the Community Health Planning Workgroup) that meet on a regular basis with the goal of recommending effective and rational changes to the health care delivery system in Brooklyn. This group, a unique collaboration between hospitals and non-hospital community health providers, is working effectively to propose real changes that will improve the health of the system and of residents in Brooklyn's highest areas of health care crisis. We need more help from you to move forward these and other proposals.

This list is by no means exclusive or exhaustive. Each of these items, however, is significant, and if our elected officials use their power and influence to deliver on these issues, the dream of a healthier Brooklyn will become a reality. Thank you, ladies and gentlemen, for your time and attention.

Richard Becker, MD
President and CEO
The Brooklyn Hospital Center

PDF: [The Brooklyn Hospital Center Testimony NYS Assembly Committee On Health](#)

[10]

October 3, 2012

Building a better healthcare System for Brooklyn: Over the summer, The Brooklyn Hospital Center (TBHC) and Interfaith Medical Center (IMC) representatives continued to meet regularly on development of the HEAL-NY Phase 21 feasibility study report. On September 21, steering committee members, along with the board chairs and several board trustees of both TBHC and IMC, met with representatives from the New York State Department of Health (NYSDOH) where a presentation was made regarding the draft findings of the study.

A vision was articulated for an expanded and enhanced ambulatory care delivery network building upon the strengths of existing outpatient facilities, which both organizations operate, and collaborating with existing providers of care within the communities of North and Central Brooklyn, including an integrated approach to care engaging community physicians and groups, FQHCs, community-based organizations, school based services and other social and supportive care providers.

TBHC's Community Health Planning Workgroup: The Brooklyn Hospital Center, on behalf of its Community Health Planning Work Group (CHPW), submitted a proposal to assess the health status and needs of residents to the NYSDOH, which was approved in June. The results of this assessment will help inform and contribute to the planning process that

will continue beyond the HEAL-NY Phase 21 feasibility study time period. During September, the CHPW team conducted several focus groups and distributed / conducted 644 surveys. The CHPW also met with representatives of the NYSDOH on September 21st and reported on the status of the assessment project. The results of the surveys and focus groups are under review and the final analysis and report is expected by the end of October.

June 15, 2012

Governor Cuomo Announces \$72.9 Million in Grants for 10 New York City Hospitals and Nursing Homes

Governor Andrew M. Cuomo today announced \$72.9 million in grants to ten hospitals and nursing homes in New York City, continuing efforts to transform the state's health care system to improve patient care, reduce costs, and ensure that all New Yorkers have access to quality treatment.

The grants are made available through New York State's Health Care Efficiency and Affordability Law (HEAL NY). Statewide, the \$301.1 million in HEAL NY grants will help 40 hospitals and nursing homes across the state improve primary and community-based care, eliminate excess bed capacity, and reduce over-reliance on inpatient care in hospitals and nursing homes. Included in these grants, \$5.4 million in discretionary HEAL NY funding is being awarded to St. John's Episcopal Hospital to expand services after the recent closure of Peninsula General Hospital ([read more](#) [2])

March 15, 2012

In March, The Brooklyn Hospital Center formed the Community Health Planning Workgroup (CHPW) with members from myriad community stakeholders, healthcare providers and community health planners. The purpose of the Community Health Planning Workgroup (CHPW) is to assess community health care needs and to consider the scope of health care resources within the community; develop a framework for a health system in North and Central Brooklyn which will provide the full range of highest quality health care services; develop options for meeting the needs of the community; and help inform the implementation of the HEAL 21 proposal submitted for funding by TBHC / Interfaith / Wyckoff.

The following member organizations are represented:

The Brooklyn Hospital Center

Richard B. Becker, MD, President and CEO

Leroy Charles, Director, Government Relations and External Affairs

Joan Clark, SVP, Strategic Planning

Catherine Derr, Vice President, Marketing and Communications

Gary Stephens, MD, Chief Medical Officer

Beryl Williams-Augustin, Director, Community Outreach

TBHC Community Advisory Board

Rev. Earl Jones, Pastor, First Cavalry Baptist Church

Bedford-Stuyvesant Family Health Center

Patricia Fernandez, CEO

BMS Family Health Center

Harvey Lawrence, President and CEO

Brooklyn Borough President's Office

Italia Guerrero, Policy Analyst

Brooklyn NAACP

Lorraine Brathwaite-Hartel

Brooklyn Perinatal Network

Ngozi Moses, Executive Director

Brooklyn Plaza Medical Center

Lazetta Duncan-Moore, CEO

Community Healthcare Network

Luis Freddy Molano, MD, Assistant Vice President for HIV Programs

Chris Quinones, Vice President of Administration and Corporate Compliance Officer

CPHS

Judy Wessler, Director

Interfaith Medical Center

Luis Hernandez, CEO and President

Diane Porter, Board Member

KenJam Consultants/BPMC

Maurice Reid

Kings County Hospital

Hope Mason

Lutheran Medical Center

Mary Quinones, Vice President for Strategic Community Partnerships

NY Lawyers for the Public Interest

Alyssa Aguilera

Shena Elrington

NYCDOH

Aletha Maybank, MD, Assistant Commissioner

NYS PHHPC

John Palmer, Executive Director, Harlem Hospital Center

State Senator Velmanette Montgomery's Office

Jim Vogel, Community Coordinator

February 10, 2012

In a significant milestone toward its vision for the creation of a single sustainable healthcare delivery system to serve the more than one million residents of northern and central Brooklyn, The Brooklyn Hospital Center (TBHC), has submitted an application for a HEAL-NY Phase 21 Grant. This transformative grant would be used to consolidate three safety net

healthcare institutions, TBHC, Interfaith Medical Center and Wyckoff Heights Medical Center, into an integrated healthcare delivery system consistent with the recommendations of the Brooklyn Health Systems Redesign Work Group (MRT Work Group), the New York State Department of Health (NYSDOH), and the Dormitory Authority of the State of New York (DASNY).

The announcement was made by Richard Becker, MD, president and CEO of TBHC, the lead applicant, who said the three institutions currently provide ambulatory and inpatient services to over one million Brooklyn residents, more than half of whom rely on Medicaid Services.

"This proposal will have a transformative impact on the health of Brooklyn's residents, while creating a new, financially sustainable health care delivery model," said Dr. Becker, adding that the vision for the new system was also inspired by the Brooklyn Healthcare Working Group's report from NY State Senator John Sampson and Borough President Marty Markowitz. "With the creation of an integrated system, we will have a more effective healthcare delivery system to address the needs of the Brooklyn community."

According to Dr. Becker, HEAL funding will assist in the development, establishment and implementation of the proposed integrated healthcare system in three key areas: clinical service, infrastructure development and financial reorganization. The integration would take place over two phases to create more effective and efficient outpatient and inpatient care delivery systems.

Through a separate and related application, the applicants are requesting temporary increases in Medicaid reimbursement rates and temporary enhancement of APG (ambulatory patient group) rates.

Phase One, which will take approximately six months, includes a due diligence planning and development process to establish the System as well as a description of governance, management, service reconfigurations, a financial and operations restructuring, and an overall implementation plan. Phase Two of the proposed project, with expected completion in February 2014, involves the implementation of the plan including the clinical, infrastructure and financial restructuring efforts at each institution to create a robust and sustainable health system.

The Brooklyn Hospital Center:

Founded as the borough's first voluntary hospital, The Brooklyn Hospital Center (TBHC) has been keeping Brooklyn healthy since 1845. Today, it is a 464-bed teaching hospital, offering primary and specialized medical care, sophisticated diagnostic and therapeutic services, cutting-edge technology, and specialized surgery to nearly 300,000 patients annually. Located in the heart of Brooklyn's downtown revitalization district, TBHC is a member of the New York-Presbyterian Healthcare System and the Brooklyn academic and clinical affiliate of Weill Medical College of Cornell University. TBHC has fully accredited, independent residency programs in Emergency Medicine, Internal Medicine, General Surgery, Obstetrics and Gynecology, Pediatrics, Family Medicine, General Dentistry and Oral and Maxillofacial Surgery, and trains more than 250 physicians each year.

Learn More...

[**The Need for Caring in North and Central Brooklyn -- New Report on Health Needs, Gaps and Barriers to Care in North and Central Brooklyn\[1\]**](#)

[Governor Cuomo Announces \\$72.9 Million in Grants for 10 NYC Hospitals and Nursing Homes](#)

[2]

[Brooklyn District Profiles and Map](#) [3]

[Brooklyn Community Board Organizations \(CBOs\)](#) [4]

[Medicaid Redesign Team: Health Systems Redesign: Brooklyn Work Group Report](#) [5]

[Statement from Richard B. Becker, MD, President and CEO, The Brooklyn Hospital Center](#) [6]

[Creating a Vision for Brooklyn's Health Care System: A Report of the Brooklyn Healthcare Working Group](#) [7]

[GNYHA ML-136: Brooklyn MRT Report Released](#) [8]

[The MRT 2012-13 Executive Budget Briefing](#) [9]

[ShareThis](#) [11]

[Contact Us](#) | [Privacy Policy](#) | [Disclaimer](#) | [Site Map](#) | [RSS](#) | [Audit & Compliance](#)

© Copyright 2008 ? 2011 ? The Brooklyn Hospital Center ? 121 DeKalb Avenue Brooklyn, New York 11201 ? 718.250.8000

Source URL: <http://www.tbh.org/brooklynhealthcaresystem>

Links:

[1] <http://www.tbh.org/building-better-healthcare-delivery-system-brooklyn-communities>

[2] <http://www.governor.ny.gov/press/06152012-grants-for-10-nyc-hospitals-and-nursing-homes>

[3] <http://www.nyc.gov/html/dcp/html/lucds/cdstart.shtml>

[4] <http://www.nyc.gov/html/cau/html/cb/brooklyn.shtml>

[5] http://www.health.ny.gov/health_care/medicaid/redesign/brooklyn.htm

[6]

<http://www.tbh.org/sites/default/files/TBHC%20Statement%20on%20The%20Brooklyn%20Health%20Systems%20Redesign>

[7]

<http://www.tbh.org/sites/default/files/Creating%20a%20Vision%20for%20Brooklyns%20Health%20Care%20System%20A>

[8] <http://www.tbh.org/sites/default/files/GNYHA%20ML-136-1.pdf>

[9] http://www.health.ny.gov/health_care/medicaid/redesign/

[10] [http://www.tbh.org/sites/default/files/02-08-2013 The Brooklyn Hospital Center Testimony NYS Assembly Committee On Health FINAL.pdf](http://www.tbh.org/sites/default/files/02-08-2013%20The%20Brooklyn%20Hospital%20Center%20Testimony%20NYS%20Assembly%20Committee%20On%20Health%20FINAL.pdf)

[11] <http://www.tbh.org/brooklynhealthcaresystem>